Elderly, Blind, and Disabled Waiver (EBD)

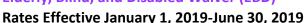
Rates Effective January 1, 2019-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	E	Rate ffective	E	Rate Effective	Unit Value	Comments
	Code	#1	#2	#3	#4	10	/01/2018	01	/01/2019		
Adult Day Services								Т			1
Basic	S5105	U1				\$	24.77	\$	24.77	1/2 Day	An individual unit is 3 5 hours per day;
Specialized	S5105	U1	TF			\$	31.62	\$	31.62	1/2 Day	Maximum 520 units
Adult Day Service Trans											
Taxi	A0100	U1	НВ				PUC*	<u> </u>	PUC*	1 Way Trip	
Mobility Van		1	ı					_		1	1
Mileage Band 1 (0-10 miles)	A0120	U1	НВ			\$	8.92	\$	9.46	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	НВ		\$	16.44	\$	17.44	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN	НВ		\$	24.46	\$	25.95	1 Way Trip	
Wheelchair Van											
Mileage Band 1 (0-10 miles)	A0130	U1	НВ			\$	10.58	\$	11.23	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	НВ		\$	19.81	\$	21.02	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN	НВ		\$	26.98	\$	28.63	1 Way Trip	
Alternative Care Facility (ACF)	T2031	U1				\$	64.90	\$	64.90	Day	
Consumer Direct Attend	ant Supp	ort Se	ervices	(CDA	SS)						
CDASS Homemaker	T2025	U1				\$	3.99	\$	4.20	15 Minutes	
CDASS Personal Care	T2025	U1				\$	3.99	\$	4.20	15 Minutes	
CDASS Health Maintenance	T2025	U1				\$	7.37	\$	7.44	15 Minutes	
CDASS Per Member Per	Month, I	3y FMS	S Vend	lor							
Morning Star Financial Services- FEA	T2040	U1				\$	103.21	\$	103.21	Month	
Public Partnerships, LLC-FEA	T2040	U1				\$	103.21	\$	103.21	Month	
Northeast PA Center for Independent Living- FEA	T2040	U1				\$	85.00	\$	85.00	Month	
Home Delivered Meals	S5170	U1				\$	-	\$	10.80	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Homemaker	S5130	U1				\$	4.38	\$	4.61	15 minutes	
Home Modification	S5165	U1					NR*		NR*	Per Modification	\$14,000.00 Lifetime Maximum
In Home Support Service	es (IHSS)									
IHSS Health Maintenance	H0038	U1				\$	7.37	\$	7.44	15 minutes	
IHSS Homemaker	S5130	U1	KX			\$	4.38	\$	4.61	15 minutes	
IHSS Personal Care	T1019	U1	KX			\$	4.38	\$	4.61	15 minutes	



Elderly, Blind, and Disabled Waiver (EBD)





Rates Effective Januar	y 1, 20	TA-1n	ne su	, 201	9					
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate ffective /01/2018		Rate ffective /01/2019	Unit Value	Comments
IHSS Relative Personal Care	T1019	U1	HR	KX		\$ 4.38	\$	4.61	15 minutes	
Life Skills Training	H2014	U1				\$ -	\$	9.38	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
Medication Reminder										
Install/Purchase	T2029	U1				NR*		NR*	Per Purchase	1 unit = 1 purchase
Monitoring	S5185	U1				NR*		NR*	Month	1 unit = 1 month
Non Medical Transporta							,			
All types except Adult Day			08 trip	s, or 1	04 rou		rvic			
Taxi Mahility Van	A0100	U1				 PUC*		PUC*	1 Way Trip	
Mobility Van	1								<u> </u>	
Mileage Band 1 (0-10 miles)	A0120	U1				\$ 8.92	\$	9.46	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT			\$ 16.44	\$	17.44	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN			\$ 24.46	\$	25.95	1 Way Trip	
Wheelchair Van										
Mileage Band 1 (0-10 miles)	A0130	U1				\$ 10.58	\$	11.23	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT			\$ 19.81	\$	21.02	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN			\$ 26.98	\$	28.63	1 Way Trip	
Non-Medical Transporta	tion, Loc	al Pub	olic Tra	ansit						
RTD Local	A0110	U1	TT			\$ -	\$	57.00	Monthly	
RTD Local- To and From Adult Day	A0110	U1	TT	НВ		\$ -	\$	57.00	Monthly	
RTD Local	A0110	U1	TK			\$ -	\$	14.00	10 Ride Book	
RTD Local- To and From Adult Day	A0110	U1	TK	НВ		\$ -	\$	14.00	10 Ride Book	
RTD Local	A0110	U1	TF			\$ -	\$	3.00	Day Pass	
RTD Local- To and From Adult Day	A0110	U1	TF	НВ		\$ -	\$	3.00	Day Pass	
RTD Local	A0110	U1	TN			\$ -	\$	1.50	3 Hour Pass	
RTD Local- To and From Adult Day	A0110	U1	TN	НВ		\$ -	\$	1.50	3 Hour Pass	
RTD Local- Access A Ride	A0110	U1	SE			\$ -	\$	5.00	Single	
RTD Local- Access A Ride To and From Adult Day	A0110	U1	SE	НВ		\$ -	\$	5.00	Single	
RTD Local- Access A Ride	A0110	U1	TG			\$ -	\$	30.00	6 Ride Book	

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources. www.colorado.gov/hcpf



Elderly, Blind, and Disabled Waiver (EBD)

Rates Effective January 1, 2019-June 30, 2019



Rates Effective Januar							Rate		Rate		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		ffective /01/2018		ffective /01/2019	Unit Value	Comments
RTD Local- Access A Ride To and From Adult Day	A0110	U1	TG	НВ		\$	-	\$	30.00	6 Ride Book	
Non-Medical Transporta	tion, Rec	jional	Public	Trans	sit						
RTD Regional	A0110	U1	CG			\$	-	\$	99.00	Monthly	
RTD Regional To and From Adult Day	A0110	U1	CG	НВ		\$	-	\$		Monthly	
RTD Regional	A0110	U1	TJ			\$	-	\$	25.25	10 Ride Book	
RTD Regional To and From Adult Day	A0110	U1	TJ	НВ		\$	-	\$	25.25	10 Ride Book	
RTD Regional	A0110	U1	TU			\$	-	\$	5.25	Day Pass	
RTD Regional To and From Adult Day	A0110	U1	TU	НВ		\$	-	\$	5.25	Day Pass	
RTD Regional	A0110	U1	EY			\$	-	\$	2.60	3 Hour Pass	
RTD Regional To and From Adult Day	A0110	U1	EY	НВ		\$	-	\$	2.60	3 Hour Pass	
RTD Regional- Access A Ride	A0110	U1	НС			\$	-	\$	9.00	Single	
RTD Regional To and From Adult Day- Access A Ride	A0110	U1	НС	НВ		\$	-	\$	9.00	Single	
Peer Mentorship	H2015	U1				\$	-	\$	5.36	15 minutes	Available for 365 days after enrollment
Personal Emergency Re	sponse S	System	າ (PER	S)							
Install/Purchase	S5160	U1					NR*		NR*	Purchase	1 unit = 1 purchase
Monitoring	S5161	U1					NR*		NR*	Month	1 unit = 1 month
Personal Care	T1019	U1				\$	4.38	\$	4.61	15 minutes	<u> </u>
Personal Care Relative	T1019	U1	HR			\$	4.38	\$	4.61	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Respite Care Combined maximum of 30) days pe	r certifi	cation	period	I for Re	espit	e Care pro	ovid	ed in an A	.CF, In Home, c	or a Nursing Facility
ACF (Alternative Care Facility)	S5151	U1				\$	58.39	\$	58.39	Day	
In-Home Respite	S5150	U1				\$	4.99	\$	4.99	15 minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)
Nursing Facility	H0045	U1				\$	130.21	\$	130.21	Day	
Community Transition S	ervices										
Coordinator	T2038	U1				\$	_	\$	7.66	15 minutes	40 units (10 hours); available up to 30 days after enrollment



Elderly, Blind, and Disabled Waiver (EBD)

COLORADO Department of Health Care Policy & Financing

Rates Effective January 1, 2019-June 30, 2019

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 10/01/2018	Rate Effective 01/01/2019	Unit Value	Comments
Items Purchased	A9900	U1				\$ -	\$ 1,500.00	One Time Payment	Up to \$2,000.00 by request; available up to 30 days after enrollment

	Legend
CG	Policy criteria applied
EY	HCPCS Definition: No physician or other licensed health care provider order for this
	item/service
НВ	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
HC	Adult Program (HCPCS Defn: Geriatric)
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
КХ	In Home Support Services (HCPCS Defn: Requirements specified in the medical policy have
NA.	been met)
NR*	Negotiated Rate, will vary by client
PUC*	Public Utility Commission Determined Rate
SE	State and/or federally funded programs/services
TF	Intermediate Level of care
TJ	Program group (HCPCS Defn: Child and/or adolescent)
TK	Extra patient or passenger, Non-Ambulance
TN	Outside providers' customary service area
TT	Individualized service provided to more than one client in the same setting
TU	Special Payment Rate (HCPCS Defn: Overtime)
U1	Elderly, Blind and Disabled Waiver (HCPCS Defn: Medicaid Level of Care 1, as defined by each
	(state)

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Version: 1.6

Date: 04/11/2019

Community Mental Health Supports (CMHS) Waiver



Rates Effective January 1, 2019-June 30, 2019

Nates Effective Jai	iddi y ±,	201	Juii	- 50,	2013					1	
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate ective 01/2018		Rate fective 01/2019	Unit Value	Comments
Adult Day Services											
Basic	S5105	UA				\$	24.77	\$	24.77	1/2 Day	An individual unit is 4-5 hours per day; Maximum
Specialized	S5105	UA	TF			\$	31.62	\$	31.62	1/2 Day	520 units
Adult Day Services 1	ranspor	tation									
Taxi	A0100	UA	НВ			F	PUC*		PUC*	1 Way Trip	
Mobility Van											
Mileage Band 1 (0-10 Miles)	A0120	UA	НВ			\$	8.92	\$	9.46	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	UA	TT	НВ		\$	16.44	\$	17.44	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0120	UA	TN	НВ		\$	24.46	\$	25.95	1 Way Trip	
Wheelchair Van											
Mileage Band 1 (0-10 Miles)	A0130	UA	НВ			\$	10.58	\$	11.23	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	UA	TT	НВ		\$	19.81	\$	21.02	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	TN	НВ		\$	26.98	\$	28.63	1 Way Trip	
Alternative Care Facility (ACF)	T2031	UA				\$	64.90	\$	64.90	Day	May be different for clients with 300% income, use PETI for rate
Consumer Directed	Attendar	nt Serv	vices (CDAS	SS)						
CDASS Homemaker	T2025	UA				\$	3.99	\$	4.20	15 Minutes	
CDASS Personal Care	T2025	UA				\$	3.99	\$	4.20	15 Minutes	
CDASS Health Maintenance	T2025	UA				\$	7.37	\$	7.44	15 Minutes	
CDASS Per Member	Per Mor	ıth, By	/ FMS	Vendo	or						
Morning Star Financial Services- FEA	T2040	UA				\$	103.21	\$	103.21	Month	
Public Partnerships, LLC- FEA	T2040	UA				\$	103.21	\$	103.21	Month	
Northeast PA Center for Independent Living- FEA	T2040	UA				\$	85.00	\$	85.00	Month	
Home Delivered Meals	S5170	UA				\$	-	\$		Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Homemaker	S5130	UA				\$	4.38	\$	4.61	15 minutes	
Home Modification	S5165	UA				NR*		NR	*	Per Modification	\$14,000.00 Lifetime Maximum



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Community Mental Health Supports (CMHS) Waiver



Rates Effective January 1, 2019-June 30, 2019

Rates Effective Jar						Rate	Rate	a		
Service Description	Proc	Mod	Mod	Mod		Effective	Effecti		Unit Value	Comments
Cornec 2000p.	Code	#1	#2	#3	#4	10/01/2018	01/01/2			
Life Skills Training	H2014	UA				\$ -	\$ 9	9.38	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
Medication Reminde	er									
Purchase	T2029	UA				NR*	NR*		Purchase	1 unit = 1 purchase
Monitoring	S5185	UA				NR*	NR*		Month	1 unit = 1 month
Non Medical Transp					4.0					
All types except Adult			to 20	8 trips			T			
Taxi	A0100	UA				PUC*	PUC*		1 Way Trip	
Mobility Van	T						_	1		
Mileage Band 1 (0- 10 Miles)	A0120	UA				\$ 8.92	\$ 9	9.46	1 Way Trip	
Mileage Band 2 (11- 20 Miles)	A0120	UA	Η			\$ 16.44	\$ 17	7.44	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0120	UA	TN			\$ 24.46	\$ 25	5.95	1 Way Trip	
Wheelchair Van										
Mileage Band 1 (0- 10 Miles)	A0130	UA				\$ 10.58	\$ 11	1.23	1 Way Trip	
Mileage Band 2 (11- 20 Miles)	A0130	UA	TT			\$ 19.81	\$ 21	1.02	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	TN			\$ 26.98	\$ 28	3.63	1 Way Trip	
Non-Medical Transp	ortation,	Loca	l Publi	ic Tran	nsit					
RTD Local	A0110	UA	TT			\$ -	\$ 57	7.00	Monthly	
RTD Local- To and From Adult Day	A0110	UA	TT	НВ		\$ -	\$ 57	7.00	Monthly	
RTD Local	A0110	UA	TK			\$ -	\$ 14	1.00	10 Ride Book	
RTD Local- To and From Adult Day	A0110	UA	TK	НВ		\$ -	\$ 14	4.00	10 Ride Book	
RTD Local	A0110	UA	TF			\$ -	\$ 3	3.00	Day Pass	
RTD Local- To and From Adult Day	A0110	UA	TF	НВ		\$ -	\$ 3	3.00	Day Pass	
RTD Local	A0110	UA	TN			\$ -	\$ 1	1.50	3 Hour Pass	
RTD Local- To and From Adult Day	A0110	UA	TN	НВ		\$ -	\$ 1	1.50	3 Hour Pass	
RTD Local- Access A Ride	A0110	UA	SE			\$ -	\$ 5	5.00	Single	
RTD Local- Access A Ride To and From Adult Day	A0110	UA	SE	НВ		\$ -	\$ 5	5.00	Single	
RTD Local- Access A Ride	A0110	UA	TG			\$ -	\$ 30	0.00	6 Ride Book	
RTD Local- Access A Ride To and From Adult Day	A0110	UA	TG	НВ		\$ -	\$ 30	0.00	6 Ride Book	
Non-Medical Transp			onal P	ublic	Transi					
RTD Regional	A0110	UA	CG			\$ -	\$ 99	9.00	Monthly	



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Community Mental Health Supports (CMHS) Waiver



Rates Effective January 1, 2019-June 30, 2019

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate fective 01/2018		Rate ffective /01/2019	Unit Value	Comments
RTD Regional To and From Adult Day	A0110	UA	CG	НВ		\$	-	\$	99.00	Monthly	
RTD Regional	A0110	UA	TJ			\$	-	\$	25.25	10 Ride Book	
RTD Regional To and From Adult Day	A0110	UA	TJ	НВ		\$	-	\$	25.25	10 Ride Book	
RTD Regional	A0110	UA	TU			\$	-	\$	5.25	Day Pass	
RTD Regional To and From Adult Day	A0110	UA	TU	НВ		\$	-	\$	5.25	Day Pass	
RTD Regional	A0110	UA	ΕY			\$	-	\$	2.60	3 Hour Pass	
RTD Regional To and From Adult Day	A0110	UA	EY	НВ		\$	-	\$	2.60	3 Hour Pass	
RTD Regional- Access A Ride	A0110	UA	НС			\$	-	\$	9.00	Single	
RTD Regional To and From Adult Day- Access A Ride	A0110	UA	НС	НВ		\$	-	\$	9.00	Single	
Peer Mentorship	H2015	UA				\$	-	\$	5.36	15 minutes	Available for 365 days after enrollment
Personal Emergency			stem	(PERS	5)						
Install/Purchase	S5160	UA				NR*		NR		Purchase	1 unit = 1 purchase
Monitoring	S5161	UA				NR*		NR		Month	1 unit = 1 month
Personal Care Personal Care- Relative	T1019	UA	HR			\$	4.38	\$	4.61	15 minutes 15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Respite Care	- f 00 -l			_4:		(D	:			AOF No.	andre of Francisco
Combined maximum	or 30 day	s per o	certific	ation p	eriod :	ior Re	espite Ca	re pr			rsing Facility
Alternative Care Facility (ACF)	S5151	UA				\$	58.39	\$	58.39	Day	
Nursing Facility	H0045	UA				\$	130.21	\$	130.21	Day	
Community Transition	on Servi	ces									
Coordinator	T2038	UA				\$	•	\$	7.66	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Items Purchased	A9900	UA				\$	-	\$	1,500.00	One Time Payment	Up to \$2,000.00 by request; available up to 30 days after enrollment

	Legend
CG	Policy criteria applied
EY	HCPCS Definition: No physician or other licensed health care provider order for this
НВ	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
HC	Adult Program (HCPCS Defn: Geriatric)



Community Mental Health Supports (CMHS) Waiver



Rates Effective January 1, 2019-June 30, 2019

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 10/01/2018	Rate Effective 01/01/2019	Unit Value	Comments			
HR	Relative	provi	iding d	are (HCPCS	Defn: Family	Couple with cl	ient present)				
NR*	Negotia	ted Ra	ate, wi	II vary	by cli	ent						
PUC*						rmined Rate						
SE	State ar	nd/or f	ederal	ly fun	ded p	rograms/serv	ices					
TF	Interme	diate	Level	of care	е							
TJ	Progran	n grou	ı p (HC	PCS [Defn: C	hild and/or ad	olescent)					
TK	Extra pa	atient	or pas	senge	er, Nor	n-Ambulance						
TN	Outside	Provi	ders'	custo	mary s	service area						
TT	Individu	ndividualized service provided to more than one client in the same setting										
TU		Special Payment Rate (HCPCS Defn: Overtime)										
UA	Commu	nity M	lental	Health	Supp	orts (HCPCS	Defn: Medicai	d Level of Care	1, as defined by each			

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Brain Injury (BI) Waiver

Rates Effective January 1, 2019-June 30, 2019



Tates Effective Janua	., y ±, 2	J19-June 30, 2019				Poto Poto						
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate ective 01/2018		Rate ffective /01/2019	Unit Value	Comments	
Adult Day Services	S5102	U6				\$	52.14	\$	52.14	Day	At least 2 or more hours of attendance, 1 or more days per week	
Adult Day Services Trar	sportati	on										
Taxi	A0100	U6	НВ			PUC)*	PU	C*	1 Way Trip		
Mobility Van												
Mileage Band 1 (0-10 Miles)	A0120	U6	НВ			\$	8.92	\$	9.46	1 Way Trip		
Mileage Band 2 (11-20 Miles)	A0120	U6	TT	НВ		\$	16.44	\$	17.44	1 Way Trip		
Mileage Band 3 (over 20 Miles)	A0120	U6	TN	НВ		\$	24.46	\$	25.95	1 Way Trip		
Wheelchair Van												
Mileage Band 1 (0-10 Miles)	A0130	U6	НВ			\$	10.58	\$	11.23	1 Way Trip		
Mileage Band 2 (11-20 Miles)	A0130	U6	TT	НВ		\$	19.81	\$	21.02	1 Way Trip		
Mileage Band 3 (over 20 Miles)	A0130	U6	TN	НВ		\$	26.98	\$	28.63	1 Way Trip		
Assistive Technology	T2029	U6				NR*		NR	2*	Per Purchase	1 unit = 1 purchase	
Behavioral Services	H0025	U6				\$	14.71	\$	14.71	30 Minutes		
Day Treatment	H2018	U6				\$	82.72	\$	82.72	Day		
Consumer Direct Attend	dant Sup	ports a	and Se	rvices	(CDAS	SS)						
CDASS Homemaker	T2025	U6				\$	3.99	\$	4.20	15 minutes		
CDASS Personal Care	T2025	U6				\$	3.99	\$	4.20	15 Minutes		
CDASS Health Maintenance	T2025	U6				\$	7.37	\$	7.44	15 minutes		
CDASS Per Member Per	Month,	By FM	S Vend	dor								
Morning Star Financial Services- FEA	T2040	U6				\$	103.21	\$	103.21	Month		
Public Partnerships, LLC- FEA	T2040	U6				\$	103.21	\$	103.21	Month		
Northeast PA Center for Independent Living- FEA	T2040	U6				\$	85.00	\$	85.00	Month		
Home Delivered Meals	S5170	U6				\$	-	\$	10.80	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment	
Home Modification	S5165	U6				NR*		NR	*	Per Modification	\$14,000.00 Lifetime Maximum	
Independent Living Skills Training (ILST)	T2013	U6				\$	26.79	\$	37.52	Hour		



Brain Injury (BI) Waiver

Version: 1.6

Date: 04/11/2019

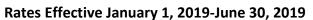
Rates Effective January 1, 2019-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	Rate fective 01/2018		Rate ffective /01/2019	Unit Value	Comments
Mental Health Counseli	ng										
Individual	H0004	U6				\$	15.19	\$	15.19	15 minutes	
Family	H0004	U6	HR			\$	15.19	\$	15.19	15 minutes	
Group	H0004	U6	HQ			\$	8.51	\$	8.51	15 minutes	
Non Medical Transporta All types except Adult Da		ted to 2	208 trip	s, or 10	04 rour	nd trip	os				
Тахі	A0100	U6				PU	C*	PU	C*	1 Way Trip	
Mobility Van											
Mileage Band 1 (0-10 Miles)	A0120	U6				\$	8.92	\$	9.46	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	U6	TT			\$	16.44	\$	17.44	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0120	U6	TN			\$	24.46	\$	25.95	1 Way Trip	
Wheelchair Van											
Mileage Band 1 (0-10 Miles)	A0130	U6				\$	10.58	\$	11.23	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT			\$	19.81	\$	21.02	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN			\$	26.98	\$	28.63	1 Way Trip	
Non-Medical Transporta	ation, Lo	cal Pul	blic Tra	ansit							
RTD Local	A0110	U6	TT			\$	-	\$	57.00	Monthly	
RTD Local- To and From Adult Day	A0110	U6	TT	НВ		\$	-	\$	57.00	Monthly	
RTD Local	A0110	U6	TK			\$	-	\$	14.00	10 Ride Book	
RTD Local- To and From Adult Day	A0110	U6	TK	НВ		\$	-	\$		10 Ride Book	
RTD Local RTD Local- To and	A0110	U6	TF			\$	-	\$		Day Pass	
From Adult Day	A0110	U6	TF	НВ		\$	-	\$	3.00	Day Pass	
RTD Local RTD Local- To and	A0110	U6	TN			\$	-	\$	1.50	3 Hour Pass	
From Adult Day RTD Local- Access A	A0110	U6	TN	НВ		\$	-	\$	1.50	3 Hour Pass	
RTD Local- Access A Ride RTD Local- Access A	A0110	U6	SE			\$	-	\$	5.00	Single	
RTD Local- Access A Ride To and From Adult Day	A0110	U6	SE	НВ		\$	-	\$	5.00	Single	
RTD Local- Access A Ride	A0110	U6	TG			\$	-	\$	30.00	6 Ride Book	
RTD Local- Access A Ride To and From Adult Day	A0110	U6	TG	НВ		\$	-	\$	30.00	6 Ride Book	
Non-Medical Transporta	ation, Re	gional	Public	Trans	it						
RTD Regional	A0110	U6	CG			\$	-	\$	99.00	Monthly	



Brain Injury (BI) Waiver





Rates Effective Janua							Rate		Rate		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		ective 01/2018	Ef	fective 01/2019	Unit Value	Comments
RTD Regional To and From Adult Day	A0110	U6	CG	НВ		\$	-	\$	99.00	Monthly	
RTD Regional	A0110	U6	TJ			\$	-	\$	25.25	10 Ride Book	
RTD Regional To and From Adult Day	A0110	U6	TJ	НВ		\$	-	\$	25.25	10 Ride Book	
RTD Regional	A0110	U6	TU			\$	-	\$	5.25	Day Pass	
RTD Regional To and From Adult Day	A0110	U6	TU	НВ		\$	-	\$	5.25	Day Pass	
RTD Regional	A0110	U6	EY			\$	-	\$	2.60	3 Hour Pass	
RTD Regional To and From Adult Day	A0110	U6	EY	НВ		\$	-	\$	2.60	3 Hour Pass	
RTD Regional- Access A Ride	A0110	U6	НС			\$	-	\$	9.00	Single	
RTD Regional To and From Adult Day- Access A Ride	A0110	U6	НС	НВ		\$	-	\$	9.00	Single	
Peer Mentorship	H2015	U6				\$	1	\$	5.36	15 minutes	Available for 365 days after enrollment
Personal Emergency Re	sponse	Syster	n (PER	RS)							
Install/Purchase	S5160					NR*		NR		Per	1 unit = 1 purchase
Monitoring	S5161	U6				NR*		NR		Month	1 unit = 1 month
Personal Care	T1019	U6				\$	4.38	\$	4.61	15 minutes	
Personal Care-Relative	T1019	U6	HR			\$	4.38	\$	4.61	15 minutes	Maximum reimbursement not to exceed 1776 units (444 hours) per year
Respite Care Combined maximum of 7:	20 hours	per ce	rtification	on peri	od for F	Respit	te Care p	rovid	led In Hor	me or in a Nurs	sing Facility
In-Home Respite	S5150	U6				\$	4.99	\$	4.99	15 minutes	Not to exceed 8 hours per day
Nursing Facility	H0045	U6				\$	123.19	\$	123.19	Day	1 ,
Substance Abuse Coun	seling										
Family	T1006	U6	HR	HF		\$	60.84		60.84	Hour	
Individual	H0047	U6	HF			\$	60.84	\$	60.84	Hour	
Group	H0047	U6	HQ	HF		\$	34.09	\$	34.09	Hour	
Transitional Living Prog											
Level 1	T2016	U6				\$	357.24	\$	357.24	1 Day	
Level 2	T2016	U6	НВ			\$	382.76	\$	382.76	1 Day	
Level 3	T2016	U6	HE			\$	409.34	\$	409.34	1 Day	
Level 4	T2016	U6	HK			\$	437.54	\$	437.54	1 Day	
Level 5	T2016	U6	НВ	HE		\$	463.63	\$	463.63	1 Day	
Community Transition S	Services										



Brain Injury (BI) Waiver

Rates Effective January 1, 2019-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2018	Rate Effective 01/01/2019	Unit Value	Comments
Coordinator	T2038	U6				\$ -	\$ 7.66	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Items Purchased	A9900	U6				\$ -	\$ 1,500.00	One Time Payment	Up to \$2,000.00 by request; available up to 30 days after enrollment
Supported Living Program	T2033	U6				FS*	FS*	Day	Per diem rate set by HCPF using acuity levels of client population

	Legend
CG	Policy criteria applied
EY	HCPCS Definition: No physician or other licensed health care provider order for this
FS*	Facility Specific rate determined using acuity scores by the Dept.
НВ	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
HC	Adult Program (HCPCS Defn: Geriatric)
HE	Mental Health Program
HF	Substance Abuse Program
HQ	Group Setting
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
NR*	Negotiated Rate, will vary by client
PUC*	Public Utility Commission Determined Rate
SE	State and/or federally funded programs/services
TJ	Program group (HCPCS Defn: Child and/or adolescent)
TK	Extra patient or passenger, Non-Ambulance
TN	Outside Providers' customary service area
TT	Individualized service provided to more than one client in the same setting
TU	Special Payment Rate (HCPCS Defn: Overtime)
U6	Brain Injury (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)

utcomes for the people we serve while and stewardship of financial resources.

www.colorado.gov/hcpf

Spinal Cord Injury (SCI) Waiver

Version: 1.6

Date: 04/11/2019

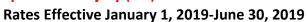
Rates Effective January 1, 2019-June 30, 2019



Rates Effective Jan	•			-			Rate		Rate		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		fective 01/2018		ffective /01/2019	Unit Value	Comments
Adult Day Services Maximum 520 units											
Basic	S5105	U1	sc			\$	24.77	\$	24.77	1/2 Day	An individual unit is 3-5 hours per day; Maximum
Specialized	S5105	U1	SC	TF		\$	31.62	\$	31.62	1/2 Day	520 units
Adult Day Program Transportation Jse HB modifier for trips to and from adult day program.											
Taxi	A0100	U1	SC	НВ		PU	C*	PU	JC*	1 Way Trip	
Mobility Van								•			
Mileage Band 1 (0-10 miles)	A0120	U1	sc	НВ		\$	8.92	\$	9.46	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	sc	TT	НВ	\$	16.44	\$	17.44	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	sc	TN	НВ	\$	24.46	\$	25.95	1 Way Trip	
Wheelchair Van											
Mileage Band 1 (0-10 miles)	A0130	U1	sc	НВ		\$	10.58	\$	11.23	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	sc	TT	НВ	\$	19.81	\$	21.02	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	sc	TN	НВ	\$	26.98	\$	28.63	1 Way Trip	
Alternative Therapie	S										
Acupuncture	97814	U1	SC			\$	18.46	\$	18.46	15 Minutes	Maximum 204 Units per
Chiropractic	98942	U1	SC			\$	23.76	\$		15 Minutes	service; Combined
Massage	97124	U1	SC			\$	14.20	\$	14.20	15 Minutes	maximum of 408 units.
Consumer Directed	Attendai	nt Sup	port S	ervice	s (CDA	(SS)					
CDASS Homemaker	T2025	U1	sc			\$	3.99	\$	4.20	15 Minutes	
CDASS Personal Care	T2025	U1	sc			\$	3.99	\$	4.20	15 Minutes	
CDASS Health Maintenance	T2025	U1	sc			\$	7.37	\$	7.44	15 Minutes	
CDASS Per Member	Per Mor	nth, By	/ FMS	Vendo	r						
Morning Star Financial Services- FEA	T2040	U1	SC			\$	103.21	\$	103.21	Month	
Public Partnerships, LLC- FEA	T2040	U1	sc			\$	103.21	\$	103.21	Month	
Northeast PA Center for Independent Living- FEA	T2040	U1	SC			\$	85.00	\$	85.00	Month	
Home Delivered Meals	S5170	U1	SC			\$	-	\$	10.80	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Homemaker	S5130	U1	SC			\$	4.38	\$	4.61	15 Minutes	



Spinal Cord Injury (SCI) Waiver

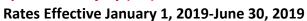




Rates Effective Jai	•						Rate	F	Rate		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	ective	Effe	ective	Unit Value	Comments
	Code	π ι	πΔ	#3	π-4	07/0	01/2018	01/0	1/2019	_	.
Home Modification	S5165	U1	sc			NR*		NR*		Per Modification	\$14,000.00 Lifetime Maximum
In-Home Support Services (IHSS)											
IHSS Health Maintenance	H0038	U1	SC			\$	7.44	\$	7.44	15 Minutes	
IHSS Homemaker	S5130	U1	SC	KX		\$	4.38	\$	4.61	15 Minutes	
IHSS Personal Care	T1019	U1	SC	KX		\$	4.38	\$	4.61	15 Minutes	
IHSS Relative Personal Care	T1019	U1	SC	HR	KX	\$	4.38	\$	4.61	15 Minutes	
Life Skills Training	H2014	U1	SC			\$	-	\$	9.38	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
Medication Reminde	r										
Install/Purchase	T2029	U1	SC			NR*		NR*		Per Purchase	1 unit = 1 purchase
Monitoring	S5185	U1	SC			NR*		NR*		Month	1 unit = 1 month
Non Medical Transp All types except Adult		limite	d to 20:	8 trins	or 104	round	d trins ne	r serv	ice nlan	vear	
Taxi	A0100	U1	SC	l IIIpo,		PUC		PUC	•	1 Way Trip	
Mobility Van	7.0.00	<u> </u>			<u> </u>						
Mileage Band 1 (0- 10 miles)	A0120	U1	sc			\$	8.92	\$	9.46	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0120	U1	SC	TT		\$	16.44	\$	17.44	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TN		\$	24.46	\$	25.95	1 Way Trip	
Wheelchair Van											
Mileage Band 1 (0- 10 miles)	A0130	U1	sc			\$	10.58	\$	11.23	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0130	U1	SC	TT		\$	19.81	\$	21.02	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TN		\$	26.98	\$	28.63	1 Way Trip	
Non-Medical Transp					sit			A			
RTD Local	A0110	U1	SC	TT		\$	-	\$	57.00	Monthly	
RTD Local- To and From Adult Day	A0110	U1	sc	TT	НВ	\$	-	\$	57.00	Monthly	
RTD Local	A0110	U1	SC	TK		\$	-	\$	14.00	10 Ride Book	
RTD Local- To and From Adult Day	A0110	U1	sc	TK	НВ	\$	-	\$	14.00	10 Ride Book	
RTD Local	A0110	U1	SC	TF		\$	-	\$	3.00	Day Pass	
RTD Local- To and From Adult Day	A0110	U1	SC	TF	НВ	\$	1	\$	3.00	Day Pass	
RTD Local	A0110	U1	sc	TN		\$	-	\$	1.50	3 Hour Pass	

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources. www.colorado.gov/hcpf

Spinal Cord Injury (SCI) Waiver

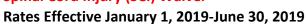




Rates Effective Jai						R	ate	R	ate		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		ctive	Effe	ective 1/2019	Unit Value	Comments
RTD Local- To and From Adult Day	A0110	U1	sc	TN	НВ	\$	-	\$	1.50	3 Hour Pass	
RTD Local- Access A Ride	A0110	U1	sc	SE		\$	-	\$	5.00	Single	
RTD Local- Access A Ride To and From Adult Day	A0110	U1	SC	SE	НВ	\$	-	\$	5.00	Single	
RTD Local- Access A Ride	A0110	U1	sc	TG		\$	-	\$	30.00	6 Ride Book	
RTD Local- Access A Ride To and From Adult Day	A0110	U1	SC	TG	НВ	\$	-	\$	30.00	6 Ride Book	
Non-Medical Transp	ortation	, Regi	onal P	ublic T	ransit						
RTD Regional	A0110	U1	SC	CG		\$	-	\$	99.00	Monthly	
RTD Regional To and From Adult Day	A0110	U1	sc	CG	НВ	\$	-	\$	99.00	Monthly	
RTD Regional	A0110	U1	sc	TJ		\$	-	\$	25.25	10 Ride Book	
RTD Regional To and From Adult Day	A0110	U1	SC	TJ	НВ	\$	-	\$	25.25	10 Ride Book	
RTD Regional	A0110	U1	SC	TU		\$	-	\$	5.25	Day Pass	
RTD Regional To and From Adult Day	A0110	U1	sc	TU	НВ	\$	-	\$	5.25	Day Pass	
RTD Regional	A0110	U1	SC	EY		\$	-	\$	2.60	3 Hour Pass	
RTD Regional To and From Adult Day	A0110	U1	SC	EY	НВ	\$	-	\$	2.60	3 Hour Pass	
RTD Regional- Access A Ride	A0110	U1	SC	НС		\$	-	\$	9.00	Single	
RTD Regional To and From Adult Day- Access A Ride	A0110	U1	SC	НС	НВ	\$	-	\$	9.00	Single	
Peer Mentorship	H2015	U1	SC			\$	-	\$	5.36	15 minutes	Available for 365 days after enrollment
Personal Care	T1019	U1	SC			\$	4.38	\$	4.61	15 Minutes	
Relative Personal Care	T1019	U1	SC	HR		\$	4.38	\$	4.61	15 Minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Emergency	y Respoi	nse Sy	/stem	(PERS)							
Install/Purchase	S5160	U1	SC			NR*		NR*		Purchase	1 unit = 1 purchase
Monitoring	S5161	U1	SC			NR*		NR*		Month	1 unit = 1 month

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Spinal Cord Injury (SCI) Waiver





Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2018		Rate Effective 01/01/2019		Unit Value	Comments
Respite Care Combined maximum	of 30 day	/s per	certifica	ation pe	eriod fo	r Re	spite Care	e pr	ovided in a	n ACF, In Hom	ne, or a Nursing Facility
ACF	S5151	U1	SC			\$	58.39	\$	58.39	Day	
In-Home Respite	S5150	U1	SC			\$	4.99	\$	4.99	15 Minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)
Nursing Facility	H0045	U1	SC			\$	130.21	\$	130.21	Day	
Community Transition	on Servi	ces									
Coordinator	T2038	U1	SC			\$	-	\$	7.66	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Items Purchased	A9900	U1	SC			\$	-	\$	1,500.00	One Time Payment	Up to \$2,000.00 by request; available up to 30 days after enrollment

	Legend
EY	HCPCS Definition: No physician or other licensed health care provider order for this item/service
НВ	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
HC	Adult Program (HCPCS Defn: Geriatric)
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
KX	In Home Support Services (HCPCS Defn: Requirements specified in the medical policy have been
NR*	Negotiated Rate, will vary by client
PUC*	Public Utility Commission Determined Rate
SE	State and/or federally funded programs/services
SC	Spinal Cord Injury (HCPCS Defn: Medically Necessary Service or Supply)
TF	Intermediate Level of care
TJ	Program group (HCPCS Defn: Child and/or adolescent)
TK	Extra patient or passenger, Non-Ambulance
TN	Outside Providers' customary service area
TT	Individualized service provided to more than one client in the same setting
TU	Special Payment Rate (HCPCS Defn: Overtime)
U1	Elderly, Blind, and Disabled (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)

Home and Community Based Services FY 18-19 Rate Schedules



ADJUSTMENT TABLE											
WAIVER TYPE	PERCENT CHANGE	MULTIPLIER									
HCBS EBD	1.000%	1.01000									
HCBS CMHS	1.000%	1.01000									
HCBS BI	1.000%	1.01000									
HCBS SCI	1.000%	1.01000									
HCBS DD	1.000%	1.01000									
HCBS TCM	1.000%	1.01000									
HCBS SLS	1.000%	1.01000									
HCBS/DDD/DHS CES	1.000%	1.01000									
HCBS/DDD/DHS CWA	1.000%	1.00000									
HCBS/DDD/DHS CLLI	1.000%	1.01000									
HCBS/DDD/DHS CHCBS	1.000%	1.01000									
HCBS/DDD/DHS CHRP	1.000%	1.01000									
Non-Medical											
Transportation	6.610%	1.06100									
LTSS CDASS Personal Care	5.250%	1.05250									
LTSS CDASS Homemaker	5.250%	1.05250									
LTSS CDASS Health											
Maintenance	1.000%	1.01000									
LTSS Personal Care	5.250%	1.05250									
LTSS Homemaker	5.250%	1.05250									
BI Independent Living											
Skills Training	40.050%	1.40050									

